

**FEC FORM 3L****REPORT OF CONTRIBUTIONS BUNDLED BY  
LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PAC's**

RECEIVED

SECRETARY OF THE SEN.  
PUBLIC RECORDS

6 JUL 19 PM 3:13

1. NAME OF COMMITTEE (in full) **USE FEC MAILING OR TYPE OR PRINT** Example: if typing, type over the lines. **12FE4M5**

Deborah Ross for Senate

ADDRESS (number and street) P.O. Box 28258

Check if different  
than previously  
reported (ACC)

Raleigh

CITY

NC  
STATE

27611

ZIP CODE

## 2. FEC IDENTIFICATION NUMBER

C00589820

3. IS THIS  
REPORT☒ NEW  
(N)

OR

☐ AMENDED  
(A)

## 4. STATE DISTRICT

NC

00

For Candidates Only

## 5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15

Quarterly Report (Q1)

☐ July 15Quarterly Report (Q2)  
and/or Semi-annual Report☒ October 15

Quarterly Report (Q3)

☐ January 31Year End Report (YE)  
and/or Semi-annual Report☐ July 31 Mid-Year Report  
(Non-election Year -  
Party/PAC) (MY) and/or  
Semi-annual Report(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election Year only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election Year only)☐ Apr 20 (M4)☐ Jul 20 (M7) and/or  
Semi-annual Report☐ Oct 20 (M10)☐ Jan 31 (YE) and/or  
Semi-annual Report(c) 12-Day  
PRE-Election  
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)This report also covers  
the semi-annual period☐ Special (12S)☐ Convention (12C)

Election on

in the  
State of

See Line 6(b)

(d) 30-Day  
POST-Election  
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)This report also covers  
the semi-annual period

Election on

in the  
State of

See Line 6(b)

## 6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-Annual Covered Period

This report covers

07

01

2016

through

09

30

2016

and/or

☐ January 1 - June 30☐ July 1 - December 317. Total Reportable Bundled Contributions by  
Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-Annual Covered Period

125850.82

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Leiter, Jeffrey, .

Signature of Treasurer Leiter, Jeffrey, .

*JH Leiter*

10

13

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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